APPENDIX F. FORM 11-22 HHSA

GENERAL RELIEF (GR) GRANT OF LIEN COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

CASE NAME		CA	SE NO				
SPOUSE'S NAME			KA				
MARITAL STATUS: Never Married	Divorced	Widowed	Marrie	ed, But Separated	Married, No	t Separated	
In accordance with provisions of law of the property in which the undersigned has or holds or interest in the future, situated in the State of property or services heretofore and hereinafter and the state of the property or services heretofore and hereinafter and the state of t	any right, title or inter f California, or elsewl	est, and all other re nere, for the amour	eal property in nt of all sum	n which the undersig s of money and the	ned may acquire a reasonable value	any right, title of any other	
The undersigned or to the spouse.							
Other person(s), as follows: (Give nat	me and relationship) _						
The lien shall not be enforceable against y reside in the home, or (3) during the lifetime o mental or physical disability. If you desire to se home and transfer it to the new home, provided improvements to your home, using your home loan, if the County finds that its security will not lead to the county finds that the county finds that its security will not lead to the county finds that the county finds the county f	f any dependent adul Il your home against v that it finds that its se for security, the Coun be impaired.	It child who resides which a lien has be ecurity will not be in ty shall subordinate	in the home en imposed npaired. If you e its lien to the	e and who is incapa the County shall rele bu want to borrow m he mortgage or othe	able of self-support ease its lien agains oney for the purpo	rt because of st the original ose of making	
Any lien taken by the County for care shall t	oe released immediate	ely when the amour	nt owing the	County is paid.			
This agreement shall be binding upon the user relating to the collection of such indebtedness of				urthermore, the ben	efits of the statute	of limitations	
I hereby authorize the grantee to append to I am the assessed owner.	this instrument a des	scription of any real	property loc	ated in the State of C	California or elsew	here of which	
Signed Signed			Signed				
AKA	AKA	AKA					
Address	Address	Address			Address		
City State Zip Code	e City	State	Zip Code	City	State	Zip Code	
PROPERTY DESCRIPTION:	2,		_ p = 0000	2.1,		_р 3333	
THOI ENTI BEGONII TION.	ACKN	OWLEDGEMEN	Т				
STATE OF CALIFORNIA)							
) SS COUNTY OF SAN DIEGO)							
Onbefore me,		(Denuty	County Clerk	() nersonally annear	red		
who proved to me on the basis of satisfactory e me that he/she/they executed the same in his/he the entity upon behalf of which the person(s) act	vidence to be the per er/their authorized cap	son(s) whose name pacity (ies), and tha	e(s) is/are su	bscribed to within in	strument and ack	nowledged to person(s), or	
I certify under PENALTY OF PERJURY under the	ne laws of the State of	California that the	forgoing para	agraph is true and co	orrect.		
WITNESS my hand and official seal.							
Signature:			_				
This is to certify that the interest in real proper governmental agency, is hereby accepted by the of the Board of Supervisors adopted on Februar	e undersigned officer	or agent on behalf	of the County	/ Clerk pursuant to a	uthority conferred		
By:County Clerk			Dated	l:			
County Clerk							